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PTO/SB/50 (02-01)  
Approved for use through 01/31/2004. OMB 0651-0033  
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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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Attorney Docket No.

First Named Inventor

Original Patent Number

Original Patent Issue Date  
(Month/Day/Year)

Express Mail Label No.

### APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

### APPLICATION ELEMENTS (37 CFR 1.173)

1. ☐ Fee Transmittal Form (PTO/SB/ 56)  
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No  
(If Yes, check applicable box(es))
  - ☐ Written Consent of all Assignees (PTO/SB/53)
  - ☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all of the following are necessary)
  - a. ☐ Computer Readable Form (CFR)
  - b. Specification Sequence Listing on:
    - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
    - ii ☐ paper
  - c. ☐ Statements verifying identity of above copies

### ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11. ☒ Original U.S. Patent for surrender
  - ☒ Ribboned Original Patent Grant
  - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
17. Other: .....

### 18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label



Correspondence address below

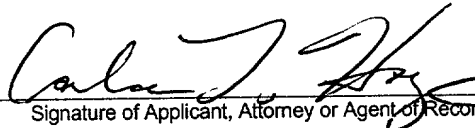
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|                   |                 |                                   |         |
|-------------------|-----------------|-----------------------------------|---------|
| NAME (Print/Type) | Carlos L. Hanze | Registration No. (Attorney/Agent) | 43,657  |
| Signature         | Carlos L. Hanze | Date                              | 4/11/01 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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| REISSUE APPLICATION FEE TRANSMITTAL FORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |                                        |         |                          |              | Docket Number (Optional) |              |                           |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------|---------|--------------------------|--------------|--------------------------|--------------|---------------------------|--|
| Claims as Filed - Part 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |                                        |         |                          |              |                          |              |                           |  |
| Claims in Patent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | Number Filed in Reissue Application    |         | (3) Number Extra         |              | Small Entity             |              | Other than a Small Entity |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |                                        |         |                          |              | Rate                     |              | Fee                       |  |
| (A) 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Total Claims<br>(37 CFR 1.16(j))<br>Independent claims<br>(37 CFR 1.16(i)) | (B) 18                                 | (D) 3   | **** 0 =                 | x \$ _____ = | or                       | x \$ _____ = |                           |  |
| (C) 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            | *                                      |         | 0 =                      | x \$ _____ = |                          | x \$ _____ = |                           |  |
| Basic Fee (37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                        |         |                          |              | \$ _____                 |              |                           |  |
| Total Filing Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                        |         |                          |              | \$ 790                   |              | OR \$ _____               |  |
| Claims as Amended - Part 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                        |         |                          |              |                          |              |                           |  |
| (1) Claims Remaining After Amendment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            | (2) Highest Number Previously Paid For |         | (3) Extra Claims Present |              | Small Entity             |              | Other than a Small Entity |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |                                        |         |                          |              | Rate                     |              | Fee                       |  |
| Total Claims<br>(37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | *** 25                                                                     | MINUS                                  | ** 20   | *                        | = 5          | x \$ 22 =                | 110          | x \$ _____ =              |  |
| Independent Claims (37 CFR 1.16(i))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | *** 4                                                                      | MINUS                                  | ***** 3 |                          | = 1          | x \$ 82 =                | 82           | x \$ _____ =              |  |
| Total Additional Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                        |         |                          |              | \$ 192                   |              | OR \$ _____               |  |
| <p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>06-1510</u> in the amount of _____.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>06-1510</u>.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p><u>4/11/01</u></p> <p>Date</p> </div> <div style="text-align: center;"> <p></p> <p>Signature of Applicant, Attorney or Agent of Record</p> <p><u>Carlos L. Hanzo</u></p> <p>Typed or printed name</p> </div> </div> |                                                                            |                                        |         |                          |              |                          |              |                           |  |

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Assistant Commissioner for Patents  
Washington, D.C. 20231

OFFER TO SURRENDER ORIGINAL PATENT UNDER 37 C.F.R. 1.178

Sir:

In accordance with 37 C.F.R. 1.178, the undersigned Applicants of the accompanying reissue application hereby offer to surrender the above-referenced United States Patent No. 6,026,679 granted on February 22, 1999, of which Ford Global Technologies, Inc. is now the sole owner by assignment, and on whose behalf and with whose assent the accompanying application is made.

Applicants reserve the right, without prejudice, to revoke said offer if the reissue application is refused.

Signatures:

03/22/2001

Date



John Williams Holmes

\_\_\_\_\_  
Date

\_\_\_\_\_  
Michael John Cullen

\_\_\_\_\_  
Date

\_\_\_\_\_  
Randall Adam Betki

FOR THE SIGNATURE

Assistant Commissioner for Patents  
Washington, D.C. 20231

OFFER TO SURRENDER ORIGINAL PATENT UNDER 37 C.F.R. 1.178

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Applicants reserve the right, without prejudice, to revoke said offer if the reissue application is refused.

Signatures:

\_\_\_\_\_  
Date

\_\_\_\_\_  
John Williams Holmes

3/22/01  
Date

Michael John Cullen  
Michael John Cullen

\_\_\_\_\_  
Date

\_\_\_\_\_  
Randall Adam Betki

093529 044604

March 23, 2001

Date \_\_\_\_\_

Bill Anne Bell

Randall Adam Betki

- 3 -

Reissue of U.S. 6,026,679 (Ser. No. 09/037,508)

\*\* TOTAL PAGE.03 \*\*

# REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

Docket Number (optional)  
197-1096

I hereby declare that:

I, Jerome Drouillard, am

authorized to act on behalf of the following assignee;

Ford Global Technologies, Inc.

and the title of my position with said assignee is; Intellectual Property Counsel

The entire title to the patent identified below is vested in said assignee.

Name of Patentee(s):

Holmes, Cullen, Betki

Patent Number

6,026,679

Date of Patent Issued

February 22, 2000

Title of Invention

Method to Infer Engine Coolant Temperature in Cylinder Head Temperature Sensor Equipped Vehicles

I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is

described and claimed in said patent, for which a reissue patent is sought on the invention entitled

Method to Infer Engine Coolant Temperature in Cylinder Head Temperature Sensor Equipped Vehicles

the specification of which

☒ is attached hereto.

☐ was filed on \_\_\_\_\_ as reissue application number \_\_\_\_\_ / \_\_\_\_\_  
and was amended on \_\_\_\_\_  
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

At least one error upon which reissue is based is described as follows:

Based on the original specification, without any deceptive intent, patentees, for example, in claim 1, unnecessarily claimed the steps of "generating a signal for the calculated engine coolant temperature" and "sending the generated signal to a display."

[Attach additional sheets, if needed.]

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                       |                                             |                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                       | Docket Number (Optional)<br><b>197-1096</b> |                                                                                                                                          |
| I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                       |                                             |                                                                                                                                          |
| Name(s)<br><b>Carlos L. Hanze</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                       | Registration Number<br><b>43.657</b>        |                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                       |                                             |                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                       |                                             |                                                                                                                                          |
| Correspondence Address: Direct all communications about the application to:                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                       |                                             |                                                                                                                                          |
| <input type="checkbox"/> Customer Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <div style="border: 1px solid black; width: 200px; height: 30px; margin: 0 auto;"></div> <p style="text-align: center;">Type Customer Number Here</p> |                                             | <div style="border: 1px solid black; padding: 5px; text-align: center;"> <i>Place Customer<br/>Number Bar Code<br/>Label Here</i> </div> |
| <i>OR</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                       |                                             |                                                                                                                                          |
| <input checked="" type="checkbox"/> Firm or Individual Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Ford Global Technologies, Inc.</b>                                                                                                                 |                                             |                                                                                                                                          |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>600 Parklane Towers East</b>                                                                                                                       |                                             |                                                                                                                                          |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>One Parklane Boulevard</b>                                                                                                                         |                                             |                                                                                                                                          |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Dearborn</b>                                                                                                                                       | State                                       | <b>MI</b>                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                       | Zip                                         | <b>48126</b>                                                                                                                             |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>USA</b>                                                                                                                                            |                                             |                                                                                                                                          |
| Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>(313) 323-6733</b>                                                                                                                                 | Fax                                         | <b>(313) 322-7162</b>                                                                                                                    |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed. |                                                                                                                                                       |                                             |                                                                                                                                          |
| Full name of person signing (given name, family name)<br><b>Jerome R. Drouillard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                       |                                             |                                                                                                                                          |
| Signature<br>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                       | Date<br><b>03/21/01</b>                     |                                                                                                                                          |
| Address of Assignee<br><b>600 Parklane Towers East      One Parklane Boulevard      Dearborn      MI      48126</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                       |                                             |                                                                                                                                          |
| Patentee<br><b>John William Holmes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                       | Citizenship<br><b>US</b>                    |                                                                                                                                          |
| Residence/Mailing Address<br><b>249 Beck, Eastpointe, MI 48021</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                       |                                             |                                                                                                                                          |
| Patentee<br><b>Michael John Cullen</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                       | Citizenship<br><b>US</b>                    |                                                                                                                                          |
| Residence/Mailing Address<br><b>41750 Camden Court, Northville, MI 48167</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                       |                                             |                                                                                                                                          |
| <input checked="" type="checkbox"/> Additional Patentees are named on separately numbered sheets attached hereto.                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                       |                                             |                                                                                                                                          |

**REISSUE APPLICATION DECLARATION BY THE ASSIGNEE**

**ADDITIONAL PATENTEES**

**Docket No. 197-1096**

|                                    |                    |
|------------------------------------|--------------------|
| <b>Patentee</b>                    | <b>Citizenship</b> |
| Randall Adam Betki                 | US                 |
| <b>Residence/Mailing Address</b>   |                    |
| 9013 Bellevue Grosse Ile, MI 48138 |                    |



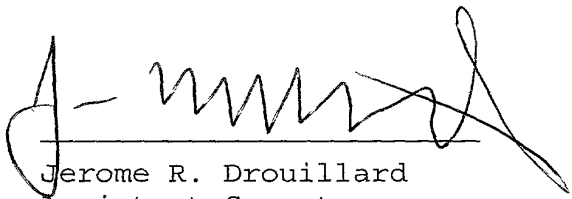
Assistant Commissioner for Patents  
Washington, D.C. 20231

CERTIFICATE UNDER 37 C.F.R. 3.73(b)

Sir:

In accordance with the provisions outlined in 37 C.F.R. 3.73(b), the undersigned representative of assignee Ford Global Technologies, Inc., hereinafter referred to as "Assignee", has reviewed the attached assignments to Ford Motor Company and Assignee establishing ownership of the above-referenced Reissue application in Assignee and hereby certifies that, to the best of the Assignee's knowledge, title to said Reissue application resides with Assignee. The right by Assignee to prosecute said Reissue application is thereby established in accordance with 37 C.F.R. 3.73(b).

03/21/01  
Date

  
Jerome R. Drouillard  
Assistant Secretary  
Ford Global Technologies, Inc.

PATENT



OFFICIAL  
UNOFFICIAL

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Holmes, Cullen, Betki

Serial No: Reissue of United States Patent No. 6,026,679  
(Application Serial No. 09/037,508)

Filed: Herewith

Title: METHOD TO INFER ENGINE COOLANT TEMPERATURE IN  
CYLINDER HEAD TEMPERATURE SENSOR EQUIPPED  
VEHICLES

☒ **CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8(a))**

I hereby certify that this correspondence is, on the date shown below, being:

**MAILING**

☐ deposited with the United States Postal Service  
with sufficient postage as first class mail in an envelope  
addressed to Assistant Commissioner for  
Patents, Washington, D.C. 20231.

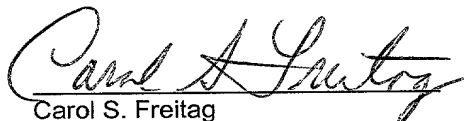
Date

4/12/01

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Carol S. Freitag

☐ **PETITION AND FEE FOR EXTENSION OF TIME (37 CFR 1.136(a))**

1. This is a petition for an extension of time
2. Applicant is other than a small entity.

3. Extension (Months)

- ☐ one month  
☐ two months  
☐ three months  
☐ four months

**Fee For Other Than Small Entity**

\$110.00  
\$380.00  
\$870.00  
\$1,360.00

4. Amendment is filed herewith.
5. Please charge fee to Deposit Account 06-1500. If there are insufficient funds in this account, please charge the fees to Deposit Account No. 06-1510.